

State: Maine

STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENTS - Y2000

| Payment Category<br><br>(Reasonable<br>Classification)                                | Administrated By |       | Income Level |          |             |          | Income<br>Disregards<br>Employed |        |
|---|------------------|-------|--------------|----------|-------------|----------|----------------------------------|--------|
|   | Federal          | State | Gross        |          | Net         |          | 1 Person                         | Couple |
|   |                  |       | 1<br>Person  | Couple   | 1<br>Person | Couple   |                                  |        |
| (1)   | (2)              |       | (3)          |          | (4)         |          | (5)                              |        |
| Living Alone  |                  | X     | 1,239.00     | 1,813.00 | 522.00      | 784.00   | 55.00                            | 80.00  |
| Living in Household<br>of Another   |                  | X     | 893.68       | 1,294.34 | 349.34      | 524.67   | 55.00                            | 80.00  |
| Living in Foster Home   |                  | X     | 1,207.00     | 2,169.00 | 561.00      | 1,042.00 | *                                | *      |
| Living in Licensed Boarding<br>Home (Flat rate)                                       |                  | X     | 1,536.00     | 2,803.00 | 729.00      | 1,359.00 | *                                | *      |
| Living in Med. Fac. or ICF<br>would receive Supplement<br>Payment if outside facility |                  | X     | 1,239.00     | N/A      | 522.00      | N/A      | 55.00                            | *      |
| Living in Med. Fac. or ICF<br>would not receive Supp Pay<br>if outside facility       |                  | X     | 1,536.00     | N/A      | 40.00       | N/A      | *                                | *      |
| Living in Licensed Boarding<br>Home (cost reimbursed)                                 |                  | X     | 1,536.00     | 2,865.00 | 731.00      | 1,390.00 | *                                | *      |



\*All groups received  
SSI disregards

TN No. 00-003  
Supersedes  
TN No. 99-003

Approval Date: 6/23/00

Effective Date: 1/1/2000

HCFA ID: 7985E